

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048666

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 195

Primary Registration District No. 4305

Registrar's No. 2-64

FILED JAN 7 1964

1. PLACE OF DEATH

a. COUNTY McDonald

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Anderson

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Hi-way 71

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Arkansas b. COUNTY Washington

c. CITY
OR
TOWN Fayetteville

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
709 N. Leverette St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Gertrude Lena Roderick

4. DATE
OF
DEATH Month Day Year
Dec 24 1963

5. SEX
Female

6. COLOR OR RACE
Cauc.

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
Dec 7, 1910

9. AGE (last birthday)
53

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Bookkeeper & Sec.

10b. KIND OF BUSINESS OR INDUSTRY

Men's Clothing Store

11. BIRTHPLACE (City and state or country)

Cooper, Texas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charlie C. Wickersham

13b. MOTHER'S MAIDEN NAME

Ruth Walker

14. NAME OF HUSBAND OR WIFE

Widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

17. INFORMANT

Address

Mrs. Thelma Doucet Joplin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Accidental death due to Car Accident

DUE TO (b)

Fractured Skull, Multiple Fractures

DUE TO (c)

Investigated By Coroner

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car hit by Lewis Tractor Truck

20c. TIME OF
INJURY Hour Minute Month, Day, Year
8:30 a.m. 12-24-63

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Street

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Anderson Highway 71 McDonald Missouri

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at _____ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Coroner

22b. ADDRESS
Fayetteville, Missouri

22c. DATE SIGNED
1-6-64

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE
12-25-63

23c. NAME OF CEMETERY OR CREMATORY
Fairview

23d. LOCATION (City, town, or county) (State)
Fayetteville, Arkansas

24. FUNERAL DIRECTOR
Moore's Chapel

ADDRESS
Fayetteville, Ark

25. DATE RECD. BY LOCAL REG.
1-6-64

26. REGISTRAR'S SIGNATURE
Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0600

2 8030

3 2

4 1

5 2

6

7 1

8 2

9 X

10

11 060

12 91-3

13 1-0

00000-00000

FEB 7 1964

FEB 4 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Morton L. Earned
Licensed Embalmer No. 849

P. O. Address Fayetteville, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Renewal Permit issued 12-28-63